

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 09/23/2014

Street: 1504 N Granville Avenue

Incident #: 14ISPC008140

Apt, Lot, Room #:

County: Delaware

City: Muncie

Type of Laboratory Seizure (check one)

- ☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☒ Open – No Structure
☐ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: Open
☒ Water Reactive Metal (Lithium): Open
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Open
☒ Ammonium Nitrate/Sulfate: Open
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☒ Yes 1 (number present)
☐ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☒ clean ☐ disarray
☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____ Make: _____
VIN: _____ Model: _____
Year: _____ Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: Muncie Fax: Email
Health Department County: Muncie Fax: Email
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Nate Raney Phone 765-778-2121

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.